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CHAPTER 13 PLAN UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF MISSISSIPPI

CASE NO: 11-10334

Debtor Bobby G. Mansel	_SS#XXX-XX- <u>347</u>	72 Current Monthly Inc	come \$ 1,668.20
Jt. Debtor	_ SS#XXX-XX	Current Monthly In	come \$
Address 8567 Southaven Circle W Telephone No TA			
THIS PLAN DOES NOT ALLOW CLAIMS be confirmed. All secured / priority d			aid under any plan that may
PAYMENT AND LENGTH OF PLAN The plan period shall be for a period of	60 months, not to	exceed 60 months.	
(A) Debtor shall pay \$\frac{171.50}{A payroll deduction order will be in	er (monthly / semi-mo ssued to Debtor's emp	onthly / <u>week</u> / bi-weekly) to	the Chapter 13 Trustee.
		<u>2367 Kimb</u>	rall Ave.
(B) Joint Debtor shall pay \$ A payroll deduction order will be i	per (monthly / sem ssued to Debtor's emp	i-monthly / weekly /bi-weekly	N 38114 /) to the Chapter 13 Trustee.
PRIORITY CREDITORS. Filed claims tha	t are not disallowed to	ha paid in full. IBS ¢	@# /ma
State Tax Commission \$,	•
DOMESTIC SUPPORT OBLIGATIONS (,	
beginning in the amou	int of \$		
direct thro	ough payroll deduction	through the plan	
PREPETITION DOMESTIC SUPPORT A	RREARAGE CLAIMS	DUE TO:	
in the amount of \$ sh			
HOME MORTGAGE (S) – Payments ap		- ,	tanding Order
MTG PMTS TO: Midland Mrtg. Co.			_ (X) PLAN () DIRECT
MTG PMTS TO:	BEGINNING		() PLAN () DIRECT
MTG PMTS TO:	BEGINNING		() PLAN () DIRECT
MTG ARREARS TO: Midland Mrtg.	Co. THROUGH 03	/11 \$ 2,420.00	_@\$ 40.33 /MO
MTG ARREARS TO:	THROUGH	\$\$	_@\$/MO
MTG ARREARS TO:	THROUGH	\$	_@\$/MO
Debtor's Initials A Joint Deb	tor's Intials	_ CHAPTER 13 P	LAN, PAGE 1 OF 2

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SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

<u>Creditor's Name</u>	<u>Collateral</u>	Approx. <u>Amt. Owed</u>	<u>Value</u>	*Int. Rate	Total Amt. <u>To Be Paid</u>	Monthly <u>Payment</u>		
	••••			%				
				%				
				%				
				%				
				%				
				%				
*PAY CONTRACT RATE	OR NO MORE THAN 7%	, 0.						
	Co-signed debts, collateral ION OF DEBT. Where prop Collateral or Type of Debt	osal is for paym	ent, credit	or must file	e a proof of cl	aim to receive		
-	• • • • • • • • • • • • • • • • • • • •		<u>Approx. Amt. Owed</u> \$14,405,18			Proposal to Be Paid		
GMAC MORGAGE	Second Mortaage	<u>\$19</u>	. 4 U5.18	<u> </u>	<u>Lien will he</u>	strinned via		
		, , , , , , , , , , , , , , , , , , , 						
payments:	for all payments to be paid	- '		•			ion	
	aling approximately \$ <u>15,7</u> le TIMELY claims, that are					IINIMUM		
=	0.00 or 0.00	•						
	ed \$ 2,800. 0	00 Pay ac	lministrati [,]	ve costs ar	nd debtor's att			
Attorney Fees Previously P	aid \$ 2.0 0		it to Court	Order and	l/or local rules	i.		
Attorney fees to be paid th	nrough the plan \$_ 2,798.0	00						
Name/Address/Phone # of	f Vehicle Insurance Co./Age	MITO	•	CUNNII FAVA	e/Address/Pho NGHAM &			
		SOU	THAVE	N, MS 3				
Telephone/Fax		1ele	pnone (562-536	o-1116	\sim		
DATE: January 25, 2011	DEBTO	R'S SIGNATU	RE	Bok	ly Go 1	Mound	_	
	JOINT	DEBTOR'S SIG	NATURE		A)	7	_	
	ATTOR	NEY SIGNATU	JRE	h/1	// //		_	

CHAPTER 13 PLAN CONTINUATION SHEET

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